

HEALTH & HUMAN SERVICES COMMITTEE

of the

Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on March 30, 2006.

Members Present:

Legislator Eli Mystal • Chairman
Legislator Steve Stern • Vice•Chair
Legislator Jack Eddington
Legislator Edward Romaine
Legislator John Kennedy

Also in Attendance:

George Nolan • Counsel to the Legislature
Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature
John Ortiz • Senior Budget Analyst/Budget Review Office
Diane Dono • Budget Analyst/Budget Review Office
Barbara LoMoriello • Aide to Presiding Officer Lindsay
Terry Pearsall • Chief of Staff/Presiding Officer Lindsay's Office
Paul Perillie • Aide to Majority Caucus
Debbie Harris • Aide to Legislator Stern
Linda Bay • Aide to Minority Caucus
Ben Zwirn • Assistant County Executive
Jacqueline Caputi • County Attorney's Office
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
Vicki Mo • Administrator•Children & Family Services Division/DSS

Dr. David Graham • Chief Deputy Commissioner/Dept of Health Services
Saba Mchunguzi • Assistant to the Commissioner/Dept of Health Services
Len Marchese • Director of Management & Research/DHS
Jan Moore • Director of Health Administration/DHS
Steven Moll • Island Public Affairs
Cheryl Felice • President/AME
Sondra Palmer•Randall • Secretary/AME
Sandy Sullivan • Legislative Director/AME
Mary J. Finnin • Nurse Advisory Committee
Marueen Pizzo • Charge Nurse/Hauppauge Clinic
Sandra Siegel • Public Health Nursing Commission
Peggy Humanick • Suffolk County Association of Nurses
Christopher Zimblar • Employee Health Services Unit
May M. Burke • Public Health Nursing
Ann Ellett • Public Health Nursing Advisory Committee
Lynda Malsky • Nurse Practitioner/Brentwood Health Center
Susan Eckert • United Cerebral Palsy of Suffolk
Johan McConnell • President/South Yaphank Civic Association
Diane Schmidt • Public Health Nursing.
Carmine Vasile • Resident of Patchogue/Concerned Scientist
Don Seubert • Medford Taxpayers
Rose Tullo • Local 393
Paul Gonnely • Local 393
Steve Canino • Local 393
Catherine Maggiore • Local 393
Louis Infantino • Local 393
Frank T. Cosito • Local 393
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 1:34 P.M.*)

CHAIRMAN MYSTAL:

Please rise for the Pledge of Allegiance led by Legislator Stern

Salutation

Good afternoon, Ladies and Gents. I am going to change the format just slightly because we have some speakers who want to speak and the agenda is fairly short. What I'm going to do, in deference to Legislator Romaine, I am going •• I'm not going to vote on 1226, I'm going to leave it open so we can pick it up later on because I'm sure you want to talk about it. Most of the other legislation that we have either need to be tabled or they're proforma, so I'm going to go straight to the agenda then I will listen to everybody. Okay?

Tabled Resolutions

1142•06 • (A Local Law establishing a Suffolk County Citizens Public Health Protection Policy by requiring display of public warning notices regarding pesticides (Presiding Officer/County Executive).

Motion to table?

LEG. ROMAINE:

Motion.

LEG. EDDINGTON:

Second.

CHAIRMAN MYSTAL:

Second. All in favor? Abstentions? No? Motion to table is approved.

Tabled (VOTE: 5•0•0•0).

LEG. ROMAINE:

We can just breeze through 1226, there's not going to be a lot of debate.

CHAIRMAN MYSTAL:

Well, if you want me to, we can breeze through it because we're going to make a motion to table it, if you want.

LEG. ROMAINE:

No, no, no, no, no.

CHAIRMAN MYSTAL:

Okay, then we're going to skip over 1226 and have Mr. Romaine have his say.

LEG. ROMAINE:

Very little, it's self-explanatory.

Introductory Resolutions

CHAIRMAN MYSTAL:

1342•06 • (Accepting and appropriating 100% grant funds from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services to continue the 100% funded "Employment Shuttle Program" (Presiding Officer/County Executive). Motion to approve by Legislator Stern, seconded by Legislator Kennedy. All in favor? Abstentions? Nos? Motion carries. **Approved (VOTE: 5•0•0•0).**

1365•06 • (Appropriating funds for the addition to the Maxine S. Postal Tri•Community Health Center Located in Amityville (CP 4022)(Presiding Officer/County Executive). Same motion, same second, same vote. **Approved (VOTE: 5•0•0•0).**

1368•06 • (Appropriating funds in connection with improvements at the John J. Foley Skilled Nursing Facility (CP 4057) (Presiding Officer/County Executive). Same motion, same second, same vote. **Approved (VOTE: 5•0•0•0).**

1382•06 • (Amending the 2006 Operating Budget to accept and appropriate 100% Federal grant funds from Health Research Inc. To Suffolk County Department of Health Services for the Cities Readiness Initiative Presiding Officer/County Executive). Same motion, same second, same vote. **Approved (VOTE: 5•0•0•0).**

1383•06 • (Accepting and appropriating 100% Federal grant funds passed through the New York State Division of Criminal Justice

Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Paul Coverdell National Forensic Sciences Improvement Act (Presiding Officer/County Executive). Same motion, same second, same vote. ***Approved (VOTE: 5•0•0•0).***

1384•06 • (Amending the 2006 Operating Budget to accept and appropriate 100% State aid from the New York State Office of Mental Health to the Suffolk County Department of Health Services, Division of Community Mental Hygiene Services for various contract agencies (Presiding Officer/County Executive). Same motion, same second, same vote. ***Approved (VOTE: 5•0•0•0).***

1394•06 • (A Local Law to strengthen nursing home screening requirements (Presiding Officer/County Executive). It has to be tabled for a public hearing. Motion to table?

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

By Legislator Stern, second by Legislator Eddington. All in favor? Abstentions? No? ***Motion is tabled (VOTE: 5•0•0•0).***

Okay, that's taken care of. So those of you who were waiting for that can go home, the rest of it is wide open. The first person I'm calling, Ms. Cheryl Felice from AME for a seven and a half minute presentation.

MS. FELICE:

Okay. Are you ready?

CHAIRMAN MYSTAL:

Good afternoon. We're ready.

MS. FELICE:

Thank you, Mr. Chairman. As the President of the nearly 7,000 members of

AME, thank you for allowing me this opportunity to testify before you about the critical staffing shortages throughout Suffolk County. Unfortunately, we have entered a fourth consecutive year where I have testified about double digit budget vacancies that continue to rise in Suffolk County.

Our members are dismayed at the lack of progress in filling vacant positions on a Countywide basis. The Department of Health and the Department of Social Services need increased attention from the administration's smart management team and they need additional oversight and investigation from the Legislature. AME members can no longer do more with less.

If you take a tour in some of these departments, you will hear workers comment about the impact of staffing levels which has led to a diminished morale in Suffolk. Workers are simply overwhelmed, they're exhausted, they're rushing to get the job done and are increasing in mistakes, supervisors are doing the job of File Clerks and safety is being compromised. The lack of agency staff has resulted in confusion and an inability to complete the required tasks in a timely fashion.

Questions need answers. When is the use of overtime appropriate? Why is overtime denied to areas that need it most? How long should a patient or a client wait for services? What price should be applied to the safety of infants, children or the elderly? Be it Caseworkers, Examiners, Mental Health Providers, or for today's purposes, nursing positions, Suffolk County residents are being shortchanged due to some of the most critical staffing shortages. Our members now fear for their own safety and the safety of the residents they serve and you should too. Keep in mind, these are licensed professionals and their license is on the line when they are going through these staffing shortages and not being able to get the job done.

Just as a reminder, we appeared before you last month at the same committee where we commented on the Department of Social Services. And as we previously stated, over 75% of all DSS services are mandated, yet 151 positions in that department still remain vacant. AME consistently points out that caseloads in the Department of Social Services far exceeds what professional groups recommend and what our workers can reasonably

expect to handle.

Staffing shortages and increased vacancies are still creating backlog in CPS. Suffolk County now has the highest caseload in six comparable municipalities throughout this district. In spite of our presentation last month, there are still ten Caseworkers or Senior Caseworker positions that remain vacant, and we were told that CPS has an automatic backfill; that simply isn't happening.

In the Department of Health Services, over the past few months AME has had many discussions with the Health Department and representatives from the County Executive's Office about the imminent problem of recruiting and retaining nurses here in Suffolk County. Incidentally, in spite of the reports that are being given to the media, the Public Health Nurse positions have the highest number of vacancies out of any nurse title in the County, and it doesn't stop there. This fact is due in part to the Health Department's lack of initiative in implementing their own 2005 recommendation for nurses calling for an immediate increase to the nurse's salary throughout Suffolk. This inaction has put an added burden on nurses who remain in Suffolk as more and more nurses leave County service. As of the last payroll, the Health Department has 131 vacancies; 20% of them are in the nursing field.

In the Health Commissioner's own report, the October '05 report, he states that, "The current salary ranges of nurses in Suffolk County Health Services are well below industry levels in all areas and have been for a number of years." Yet to make a dreadful situation even worse, the department's answer to addressing the nursing shortage is by utilizing a temporary hiring service contract in various facilities; this action is completely unacceptable. AME consistently reported the increased number of vacancies in the nursing divisions, in all nursing divisions, in our annual budget analysis and Suffolk County has failed to enable itself to compete with the rest of the County for qualified nurses and seems to be willing to risk losing more of our dedicated workers.

We are sounding the alarm, because when you hear this next fact I think you will be as shocked as we were. While nursing positions remain vacant in the County, the County has spent \$1.1 million on contracting out to non

•union nurses for services for the J.J. Foley Nursing Facility in 2005; that is absolutely unacceptable and has to be stopped. Again, AME agrees with the 2006 BRO budget analysis stating that the use of contracting out services in lieu of filling vacancies is not a valid cost or efficient alternative to filling those vacancies. In the 2005 budget process, AME accepted the County Executive's offer to serve on a committee to review the staffing needs for nurses, especially for J.J. Foley, we have never been called to a meeting. Now is time to involve the various worker groups throughout the County and develop a workable solution to recruit and retain nurses throughout Suffolk County.

In closing, AME supports being involved in a comprehensive action plan. BRO put it quite simply; consistently sufficient levels of well•trained and properly supported staff saves the County money. AME members are the force that makes it happen in Suffolk County and can no longer do more with less. The County must do better for the people we serve in Suffolk and they must start with Suffolk County nurses.

LEG. ROMAINE:

Mr. Chairman?

CHAIRMAN MYSTAL:

Thank you very much, Ms. Felice. I'm going to open the floor for questions, so please stay there.

The first thing I want to put together or say to you is that as you know, in the last budget we put \$250,000 for salary enhancement for the nurses, but the problem has been that we cannot parcel out that money because regulation and Civil Service regulation. I don't know how to get the money to them, nobody has given me an outlet to increase their salaries, so that is still out there. We still have 250 grand somewhere floating in the morash that we call the County budget.

MS. FELICE:

The mechanism is very simple, Legislator Mystal. The County Executive needs to sit down with the union and we need to engage in an agreement to get the recommendations from October, 2005 implemented, and we can use

the money that this Legislature appropriated and appropriated rightfully so. It needs a dialogue. We've engaged in that dialogue, we have asked the County Executive to embrace the nursing issue and yet we see the complete reverse.

CHAIRMAN MYSTAL:

Ms. Felice, in all due respect to you, you know I don't have any power to tell the County Executive to sit down with you.

MS. FELICE:

We can encourage him to do the right thing and that's what we have to do.

CHAIRMAN MYSTAL:

I can encourage but I don't have the power to make him sit down. Anyway, questions from Mr. Romaine.

LEG. ROMAINE:

Very shortly. First of all, I want to express my thanks to AME for their support in concept of my vacancy bill that would encourage the County Executive to fill vacancies in a more timely fashion.

Secondly, I do want to go on record encouraging the County Executive to go into dialogue with AME, I think that would be very beneficial.

But thirdly, absent that, this Legislature, in my opinion, could act on amending the Salary and Classification Plan in concert with our Civil service Director ••

Applause

•• to change the levels of salary support for nursing to bring them in line with that of the public sector so that recruitment would be less onerous. I am shocked, and I have to say shocked, that we are spending \$1.1 million in contracting out to non•union nursing services and that was spent last year. I question how much we are spending in contracting out this year, I hope that can be minimized by us taking action.

I will say and I do want to say to Mr. Zwirn, I do encourage the County Executive to sit with AME. I am not prepared to move precipitously, but at some point if this cannot be resolved the Legislature as a whole may want to amend the Salary and Classification Plan as it relates to nursing and nursing positions in Suffolk County government. Thank you, Mr. Chairman.

MS. FELICE:

Thank you, Mr. Romaine.

Applause

CHAIRMAN MYSTAL:

Thank you. Mr. Eddington?

LEG. EDDINGTON:

Yes, thank you. As you know, I recently visited the Social Services, both buildings, and I have met with caseworkers. And on my tour I did talk to many people and at the end I sat with the Commissioner and I was reassured that all the positions, the SCINS that are out there were going to be signed, I think it was 18 that would be taken care of. But I sat with her and I said, "Let's look at something proactively. If you expect retirements and people leaving and you wait till that happens, there's a delay of about nine months. So I'm going to propose to the County Executive that we look at getting people in some type of a training program so there isn't this tremendous gap," and she was not opposed to that, so I'm going to be looking into that a little further.

MS. FELICE:

I'm sure the CPS workers will welcome that idea. Thank you.

LEG. EDDINGTON:

The other thing with nursing is •• and I think I mentioned this the last time, is that having been an employee for a school district for 29 years, the people that worked the hardest and were paid the less were the school nurses. And again, it seems to be an issue in this new job that I see and I'm going work as hard as I can to make sure that there's equity among all the employees, so.

MS. FELICE:

Thank you, thank you.

Applause

And just for the benefit of the rest of the committee, we did invite the nurses to be here today. These are the dedicated members that are out there every day, in spite of the odds, and they really do deserve your appreciation. And I really thank them for giving up their time to be here today to speak out on behalf of what they really do feel is absolutely necessary and should be recognized accordingly.

CHAIRMAN MYSTAL:

Mr. Kennedy.

LEG. KENNEDY:

Thank you, Chairman Mystal. We've spoken about this, obviously, over the past couple of months. Some of my comments, I guess, I would direct to Dr. Graham and Mr. Marchese who I see in the audience.

My belief, based on the literature that I've read, is that most of these Public Health Nurse positions are reimbursed positions, they're funded through various State and Federal programs; there's Ryan White money available for the AIDS component, there's State Public Health funding that's available to go ahead and offset their cost. So I find it absolutely incomprehensible that the Executive would elect to go ahead and spend 1.1 million of hard County money and not fill slots where we may, in fact, only have a 20% or 30% obligation for these positions. It's inconceivable, I just don't understand it. We hear constantly about budget holes, fiscal constraints and yet this is counterintuitive.

The next thing I'd ask you about is •• and we've talked a little bit about this before, too •• there is a collective bargaining agreement in place; is there not?

MS. FELICE:

Correct.

LEG. KENNEDY:

Okay. My understanding with a collective bargaining agreement, particularly in the municipal sector, is that it bind the workforce and the management, and that management, in fact, has an obligation to go ahead and hire individuals through the collective bargaining process; if they choose not to they're in violation of collective bargaining agreement, correct?

MS. FELICE:

Well, the collective bargaining agreement outlines the wages that are in place. But with respect to that, any changes that need to be made to accommodate a title that needs to be upgraded, for instance, is an agreement between the union and the County, so that is a subject of bargaining that can and should be entered into from time to time. And then the second mechanism that Legislator Romaine raised is that the Legislature has the power to change the Salary and Classification Plan as well. So there are other options out there and those options have yet to be explored or even broached upon because the very recommendations that the County's own department put forward have yet to be advocated for or enacted upon.

So to answer your question, the mechanism is there to get the salary increases in place, either through the collective bargaining agreement or through the County Charter.

LEG. KENNEDY:

Okay. And I think that I'll take an opportunity to have a conversation with you later on today in your office or perhaps tomorrow.

MS. FELICE:

I look forward to that. Thank you very much.

CHAIRMAN MYSTAL:

Legislator Stern?

LEG. STERN:

Thank you, Mr. Chair. Hi, Cheryl. How are you?

MS. FELICE:

Good. How are you, Legislator Stern?

LEG. STERN:

Doing well, thanks. I wanted to ask you about the Foley Nursing Facility. You had mentioned that there are so many positions that are currently being filled by non AME members; do you have any idea as to what the amount, the number of those positions are, what percentage of the workforce at the Foley facility that that would entail?

MS. FELICE:

Of the workforce at the facility itself?

LEG. STERN:

Yes.

MS. FELICE:

Well, as we've said, and it seems to be consistent, it's about 20% of those titles are nursing titles in that whole facility. But what's more important to point out is that some of these vendors and the rates that they are paying an LPN are exceedingly higher than the rates that we are paying to our own members. For example, the medical staffing that work is paying an RN \$55 an hour, we have reports here in the documentation that we have received of \$57 an hour, for the •• for a total of a million one dollars for the entire year. Now, these are transient workers, not dedicated to the mission at hand. And in your own Budget Review Report, they affirm that hiring more permanent, full•time workers in this County saves money.

So we have a contradiction of terms here. We have your independent body that's telling you it saves money to hire full•time people, yet we have behavior on the County of contracting out services to non•union workers. So we can't have it both ways. I don't have the exact numbers of how many people that is at this point, although I can tell you that for the entire department we reported that it's 131 vacancies are in the entire department, 20% of those are nursing titles.

LEG. STERN:

But it would be possible at some point in the near future to find out the exact numbers on how that affects the Foley facility?

MS. FELICE:

Yeah, I can supply you with the exact numbers, sure.

LEG. STERN:

Okay, I appreciate that. And like you, I agree, particularly because of the transient nature and the level of care, the level of commitment that this area certainly requires and like you, I •• well.

MS. FELICE:

We're very appreciative of the support we are receiving from the Legislature, from both sides of aisle. And keep in mind, this is a constant awareness problem. As we tell our members, we don't know what's going on in the field unless you make us aware of it, and you're not going to know what's going on in the field unless we make you aware as well. So we are doing our part to make sure that the County Executive is in tune to what is happening out in the field and that you as a Legislative body are equally as informed, and we will do our part to make sure that we provide you with the information, the analysis, whatever it takes to get the tools needed for our workers out in the field. Because they're doing your constituent services, they are servicing your constituency out there, and if they fail at that then you fail and we can't •• and we're not going to let that happen.

LEG. STERN:

Thank you for that.

CHAIRMAN MYSTAL:

Thank you. We really appreciate your comments, Ms. Cheryl Felice.

MS. FELICE:

Cheryl, thank you very much, Mr. Chairman.

CHAIRMAN MYSTAL:

I would like to call Dr. Graham. Good afternoon, gentlemen. And I'm sure you have a presentation about the same subject, I suppose, the Public Health Nursing presentation. Who wants to start?

MR. ZWIRN:

Dr. Graham. And then after Dr. Graham makes his presentation, I think we can •• Mr. Len Marchese can respond to some of the comments that were made by Cheryl Felice with respect to what's going on at the nursing home and some of •• the positions that have been released and the vacancies that are in the Health Department.

CHIEF DEPUTY COMMISSIONER GRAHAM:

Thank you, Mr. Chair. I'm pleased to present this Public Health Nursing presentation. Most of the information was from the Budget Review Office and I think you'll find it very educational, very informative. If you have any questions, we'll be glad to address them as we go.

Organizationally, as you can see, you have your Health Commissioner, Dr. Harper, and we have an Acting Director of Patient Care, Dr. Iftikhar, and Assistant Director Ron Manning, and what we have now is a total of 251 current nurses in our Health Department, that's in comparison to 247 nurses that we had two years ago, so we actually have a small increase there over the last two years.

In terms of nursing vacancies, the information that I have been privy to here indicates that our nursing vacancies back two years ago in 2004 were 47 and currently they're approximately 39, so the vacancy positions are actually less at this time than they were two years ago.

We currently have three major modes of providing Public Health Nursing care in the State of New York. One is the Certified Home Health Agencies, the CHHA's, number one; number two is the Long•Term Home Health Care Program; and the third one is the Licensed Home Care Service Agencies.

Certified Home Health Agencies, they provide part•time, intermediate and short•term health care and support to individuals who need skilled health care and immediate health care. These Certified Home Health Agencies can

also provide long-term nursing and home health aide services, they can help patients determine the level of services that they need, they can provide or arrange for other services that are essential such as physical, occupational and speech therapy, provide for medical supplies and equipment and other supportive care like social worker and nutritional services.

Who is eligible? Services provided by our Certified Home Health Agency may be reimbursed by Medicare, Medicaid, private payment and some health insurers.

How are these referrals made to our Certified Home Health Agencies? These referrals may come from many sources including physicians or hospital discharge planners or the patient can look for visiting nurse providers in the phone book. There are many Certified Home Health Agencies in New York State with at least one in each County. New York State Department of Health regulations ensure that staff are appropriately qualified, trained and supervised. In addition, unannounced surveys assess these Certified Home Health Agency's compliance with Federal standards governing their quality and scope of services.

Our Long-Term Home Health Care Program is a coordinated plan of medical nursing and rehabilitative care provided at home to disabled persons who are medically eligible for placement in a nursing home. These services may be provided over a longer period than those provided by a Certified Home Health Agency. They offer patients an alternative to institutionalization.

Who is eligible? This program is available to individuals who are medically eligible for placement in a nursing home and choose to receive those services at home. These individuals must have care costs which are less than the nursing home cost in the County. Services provided by the Long-Term Home Health Care Program may be reimbursed by Medicare, Medicaid, private payment and some health insurers. Suffolk operates a Long-Term Home Health Care Program in addition to our Certified Home Health Care Agency. This program provides a higher level of reimbursement than the Certified Home Health Care Agency.

How are referrals made to our Long-Term Home Health Care Program? Individuals can assess this program through a hospital discharge planner,

the local Department of Social Services, or a long-term home health care provider. The County determines eligibility for the program and the local department of Social Services authorizes all services that are provided. All regular Medicaid services are provided and the following may be available; case management by RN's, home delivered or congregate meals, housing improvements and moving assistance, respiratory therapy, medical social services, nutrition and dietary services, respite care, social day-care and social transportation.

The local Department of Social Services is responsible for participating in the periodic reassessment of the services provided. The providers are responsible for obtaining physician orders and administering the assessment tools. New York State Department of Health periodically surveys the providers to determine the quality and scope of the medical nursing and rehabilitative care that they deliver.

Our Licensed Home Care Service Agencies provides hourly nursing care and homemaker/housekeeper, personal care attendants and other health and social services. Who is eligible? Services are available to clients who have private insurance and those who pay privately. In some cases licensed agencies contract with local Social Services Departments or Certified Home Health Agencies in order to be able to provide services to persons with Medicaid coverage. How are referrals made to Licensed Home Care Service Agencies? They can come from a variety of sources including physicians and hospital discharge planners.

Suffolk County model. Suffolk County owns a Certified Home Health Agency and runs a Long-Term Home Health Care Program; both are funded through the Health Department's Bureau of Public Health Nursing through the appropriations 0014128 and 4129. Both agencies and programs such as those operating in Suffolk have the ability to bill Medicaid and Medicare; a Licensed Health Care Service Agency does not have these capabilities.

Facts and myths; facts. There's currently no waiting list for home health care services in Suffolk County, this includes the east end; No one is being denied visiting health nursing care in Suffolk County at this time; Public Health Nursing staff are no longer able to make the decision of

not providing services, they must provide services when requested and appropriate; there is currently no plan to discontinue Public Health Nursing by Suffolk, but we are examining how Certified Home Health services are being provided. Visiting nursing staff is not regionalized by any office location; in fact, visiting nurses from the west end can be deployed in the east end and vice versa, and the nurses that are deployed are based entirely on the need for their nursing service.

Additional facts; Federal law prohibits Certified Home Health Agencies, both public and private, from denying services based on geographic location. In addition, all Certified Home Health Agencies, both private and public, are required to provide charity care at low or no cost to the patient.

Current issues. Municipally•operated Certified Home Health Agencies have decreased in New York State over time. Recently twelve New York State counties, and they include some large counties like Erie, Onandaga, Nassau, they've been decertified •• they're Certified Home Health Agencies, and two more have commenced the process, those include Albany and Dutchess County at this time, due to high operating costs, a decrease of referrals due to private sector competition, and the fact that many hospitals now operate their own Certified Home Health Agencies, and we do also have hospitals here in Suffolk County that do operate them. Currently, public Certified Home Health Agencies serve only 7% of home patients Statewide, the remaining 93% are served by private Certified Home Health Agencies.

This is our Sources of our Patient Referrals, and you can see from this pie chart that health centers plus a number of smaller referrals now approaching 90% are really the referrals of our patients coming from our health centers, either directly or indirectly, and a very small percentage of referrals are coming from hospital sources, 2%, other public health sources or hospital referrals through coordinators, etcetera.

Suffolk's experience. Like most municipally•operated Certified Home Health Agencies, Suffolk's program has experienced declining patient visits and decreased revenues; these have resulted in a higher cost per visit and larger operating shortfalls. This is an example of a table chart that indicates that patient visits in the thousands on the ordinate and the year is on the

absess end , that indicates over the past six years you can see a decrease of approximately 20,000 Public Health visits from roughly 43,000 in 2000 to 23,000 in 2005. This represents a 46% reduction in patient visits over this period of time, and no patients are being denied services.

Now we'll look at the table on gross cost per visit. The cost on the white ordinate there and the years on the _absess end_ , you can see that over the last there years in particular we've had an increase in the gross cost per visit of about 52% and a significant reduction in revenues of a drop of approximately 18% over the same period of time from 2000 to 2005.

What are Suffolk's initiatives to improve efficiency and effectiveness? The Capital Project 4065, designed with input from the Director of Public Health Nursing, provided laptops to all our Public Health Nurses so they can start their workday from home, reducing office space, travel time, as well as reducing the amount of time that staff spends on paperwork and automating the billing process for services provided.

\$270,000 has been appropriated for implementation of this project and I understand it's currently in use and all the nurses have been provided those laptops and projectors or computers.

Data from the system indicates that visiting nursing staff are only spending 57% of their time in the field or going to see patients. The number of patient visits per day for visiting nurses has decreased from 5.6 in 2003 to 4.7 in 2005. Some visiting nurses only see two patients per day; obviously this depends on a number of factors including complexity of cases, the need for services, very complicated patient cases require certainly more time and expert care. The average salary of nursing titles in the Public Health Nursing Program is 61,000. If you take the 2005 average cost of fringe benefit increases, the total cost per employee is approximately \$85,000. Based on an average of 230 days work, County cost per day of service is approximately \$370 or \$53 per hour. Because of the high cost per employee and the low number of average daily visits, Suffolk's costs exceed Medicaid and Medicare reimbursement rates.

Suffolk's Action Plan. The Health Department has undertaken an internal analysis of data generated from the Automated Public Health Nursing Patient

Record System. The data has been used to identify problems in the delivery of service and revenue generation. It's also contracting with a consultant on board and on payroll today to determine the best way to improve the efficiency and effectiveness of how the Certified Home Health Agencies and Long•Term Home Health Care Program Services can be provided. The analysis would include patient care impact, most important I might add, operational financial assessment and impact on taxpayers, comparison to other counties and private sector integration.

The consultant study will also explore possible synergies between our Certified Home Health Agency and other department programs such as the John J. Foley Nursing Home, assigning long•term care to the John J. Foley Nursing Home or basing the Public Health Nursing Programs at the health centers from where the bulk of the referrals are made. Suffolk will be encouraging private Certified Home Health Agencies and Long•Term Home Health Care Program providers to deliver more charity care as required by New York State.

Thank you. And if you have any questions, we'd be glad to address them. We have our team up here, Lenny Marchese for any budgetary issues, and of course Ben for any other important considerations.

CHAIRMAN MYSTAL:

Thank you very much, Dr. Graham. Before I open you up for surgery, because you are going to be dissected in a minute, let me ask one important question; to me it's the most important question, you know, I have. Are we spending \$1.1 million in outsourcing of nurses jobs; that's part A of the question. And if we are, is it more cost effective to do that than to train or to hire our own employees?

These are the questions that I have; it's one question, part A and B.

MR. MARCHESE:

The 1.1 million is isolated to the Skilled Nursing Facility, and the reason why we spend money on agency nurses is so that we don't have to mandate our existing nurses to stay. As you know, it's a 24/7 operation out there and often what happens is if a person calls in sick and their replacement doesn't show up, we need to have coverage at the nursing home. So if we don't

have agency nurses to cover shortfalls in staffing, we have to mandate that that staff person stay, and that causes a lot of problems, as you may know, with our AME members and their families. So in an effort to stop that, we went out with agency nurses in order to bridge the gap on those temporary shortages when we had people calling in sick and to fill some of the vacancies that are existing.

LEG. ROMAINE:

A quick question on that answer.

CHAIRMAN MYSTAL:

So •• let me just finish. So you're telling me that the money that we are spending is for a stopgap?

MR. MARCHESE:

Well, it's been going on now for a period of time because we have a hard time recruiting nurses.

CHAIRMAN MYSTAL:

So in other words, if somebody calls in sick for a day, you're not hiring for a week, two weeks, three months, four months, six months?

MR. MARCHESE:

Well, the nurses rotate in. You know, we hire the agency who provides us with the staff that is situated on the floors wherever they're needed. The fact is that we do have SCINS available in hand to hire nurses at the nursing home, unfortunately we're not able to recruit those nurses. It's not that we do not want to recruit the nurses, we do have available hired SCINS to be able to hire them and we are in an active recruitment basis right now. Unfortunately, we can't recruit all the nurses, not unlike the rest of the nursing homes and the rest of the hospitals in our region which are also having a hard time recruiting nurses. So those being combined in an effort not to mandate our nurses, because once you make them run a double shift it compounds the problem because then what happens is they call in sick the next day and you wind up having to either mandate or hire more because we have a staffing problem. So the operation of the nursing home requires a constant staff infusion, and yes it is a problem and we're trying to address

it the best we can.

CHAIRMAN MYSTAL:

Okay, strap on your seat belt. Legislator Eddington?

LEG. EDDINGTON:

Yes. I'm just wondering, you're talking about having trouble recruiting nurses, having trouble with a staffing problem; do you think it might be somewhat related to what the President of AME said?

Applause

MR. ZWIRN:

You mean, Legislator, with respect to salaries?

LEG. EDDINGTON:

Well, I mean, I'm hearing that ••

UNKNOWN AUDIENCE MEMBER:

Yes.

LEG. EDDINGTON:

•• salaries is one issue, not filling vacancies is another, overworked, that kind of thing.

MR. ZWIRN:

Mr. Marchese said there's been an effort to try to recruit nurses and there's a shortage of nurses around the country, I mean, it's not just Suffolk County.

LEG. EDDINGTON:

No, I understand, but that's circular reasoning; we don't pay them enough or treat them good so they don't want the job ••

Applause

•• and then we say there isn't anybody there. And I don't mean just Suffolk County, I mean generally the shortage of nurses. I mean, this is not a problem that can't be fixed.

MR. ZWIRN:

Well, it's not going to be fixed easily. But you have to understand, when they look at salaries, and I know that there are plenty of people here who think they're underpaid and under appreciated and that's certainly arguable and I understand how they feel. But the County looks at it as what it costs the County taxpayers for a particular nurse, and while the salary may say it's \$61,000 as an average, it costs the County approximately \$85,000 with fringe benefits. And when you start putting the fringe benefits •• and you don't see the fringe benefits, you don't see a health care check, you don't see the value of what the County is paying in health care per month or the retirement benefits that are going along with it. You know, we have a very generous program in the County for somebody who works on the public •• in the public sector, and that sometimes offsets some of the salaries which are considered lower than in the private sector.

Having said that, I think the County and the Health Department are looking at ways, including adjusting salaries to try to get more people there, it will not solve all the problems, but in the interim the County has to provide services at the John J. Foley medical facility on a 24/7 basis. If you had a loved one there who needs medical care, needs a nurse ••

LEG. EDDINGTON:

I'm not questioning the \$1 million.

MR. ZWIRN:

They don't want to know about union, non•union, they just want to know that that person that they love is getting the best care that they can.

LEG. EDDINGTON:

No, I understand that. But you know what? I'm not dealing with the here and now, I'm looking at a problem that's being exacerbated and I want to know what you're doing proactively. Now, you have said a couple of things

and that's what I want to hear. The proactive thing so that we don't have 25, 50 nurses come in next year at this same time, I mean, I want to make sure that this is a situation that is being worked on and being resolved, and that's what you're telling me, you are.

MR. ZWIRN:

Yes; I'm telling you yes, they are. The County Executive is •• we've got a Public Health Nurse Task Force that Legislator Vilorio•Fisher has set up and the County Executive has not stood in its way. The County Executive has also had his own consultant come on board to try to evaluate the Public Health Nurse staffing and the operation there, because we think we can save money and generate additional revenue just by improving the screening process, the things that we were not aware of earlier on that we know now that we think we can do better and probably get better reimbursements. And we don't expect to make a profit in the public nursing sector, but we can drive down the losses that the taxpayers pick up, and then when we talk about Legislator Romaine's task force we can get into it a little bit more.

But there were about 140 vacancies, I think Cheryl said there are about 130 some odd vacancies in the Health Department. There are over 70 SCINS that have been signed and that the Health Department is out recruiting, and sometimes there's a lag from recruiting going through lists, some people, by the time the list is reached, are no longer interested, they've had other jobs, they've moved on. So it's a constant process, but the County Executive and the Health Department are moving forward, you know, in a manner which hopefully will address all these concerns.

LEG. EDDINGTON:

I guess what I'm saying is I would like to see Cheryl Felice smiling a little bit more when we talk about ••

MR. ZWIRN:

Well, Cheryl won't smile, that's not ••

LEG. EDDINGTON:

Oh, I've seen her, I've seen her.

MR. ZWIRN:

Once I think.

LEG. EDDINGTON:

All right, thank you very much.

CHAIRMAN MYSTAL:

Legislator Romaine?

LEG. ROMAINE:

Thank you. In January, Dr. Harper testified that •• and later reported in the New York Times that there were 225 vacancies in the Health Department, now you're down to 140. I assume that's part of the 70 that you •• the 70 SCIN forms that you have signed; am I correct in assuming •• I'm trying to get the math on this.

MR. MARCHESE:

The total vacancies is correct. What we were talking about is in our overall department hiring plan, we submitted 140 SCINS to be released; of the 140 that we requested, 75 or so came back already.

LEG. ROMAINE:

But we have how many •• was Dr. Harper correct when we stated there was 225 ••

MR. MARCHESE:

If he said that, I'm sure he got the number from us, yes.

LEG. ROMAINE:

Okay. Let me talk to •• Ben, I know you had mentioned that you thought that we compensated nurses very well with retirement and ••

MR. ZWIRN:

No, that's not what I said.

LEG. ROMAINE:

Okay, I don't want to characterize.

MR. ZWIRN:

I said was •• I'm going to be very clear because you have a habit, with all due respect, of doing this.

LEG. ROMAINÉ:

No, I don't; i don't want to characterize.

MR. ZWIRN:

I said the average salary was 61,000, that was the salary.

LEG. ROMAINÉ:

Right.

MR. ZWIRN:

But what it costs the County per individual in the public health field is about \$85,000 when you figure in fringe benefits.

LEG. ROMAINÉ:

But we still can't attract them at that salary, is that also what you're saying? And again, I don't want to characterize your words.

MR. ZWIRN:

I think that municipalities across the country and the private sector is also having problems attracting nurses. When I served on the Nassau County Board of Supervisors, we had a program to bring nurses in from the Philippines because there was such a nursing staff shortage at the Nassau University Medical Center at that time. That actually we were recruiting overseas to bring nurses in, and apparently we were in a cycle and it's also a problem, once again.

LEG. ROMAINÉ:

Let me go back, if I could, to Mr. Marchese because I know he was commenting on the nursing home, so either for Mr. Marchese or Dr. Graham. Right now we're contracting out, last year we spent \$1.1 million in contracts, that was nurses and nurses aides; were they included in the titles that were contracted out?

MR. MARCHESE:

It May include some nurses aides, but primarily it's RN's and LPN's.

LEG. ROMAINE:

And how •• what are the vacancies rates with nurse aides, LPN's and RN's at the nursing home right now, how many vacancies do we have?

MR. MARCHESE:

I have a report in front of me, I'd have to count them; I mean, I don't have it off the top of my head.

LEG. ROMAINE:

Okay. Perhaps maybe at the end of the committee, you could contact my office tomorrow or next week with that number, that would be very helpful.

CHIEF DEPUTY COMMISSIONER GRAHAM:

Overall, the nursing vacancies this year 2005 or 2006, is 39 and that's a difference from two years ago when it was 47, so it's actually down overall for all nurses. And I can't think of a profession that's more essential in terms of providing health care services. And in fact, when we fill vacancies, nurses are one of our top priority in terms of providing care, there's nothing more essential than that.

LEG. ROMAINE:

Well, that's good to know, Dr. Graham. Let me talk a little bit more about nursing homes and all titles, because a nursing home, as you mentioned yourself, is a 24/7 a week, and it's not only nurses that are important, but custodians, people who prepare the food, things of that nature. What is the total vacancy right now at the nursing home? Do we have more than 40 vacancies in this facility.

MR. MARCHESE:

BRO can provide the exact numbers, but yes, 40 is low.

LEG. ROMAINE:

That's a low number, so we have more than 40 vacancies at this facility.

MR. ZWIRN:

But make sure you understand, we're not talking about nurses necessarily, medical staff.

LEG. ROMAINE:

No, no, no, I said all positions and I'll clarify that again. But in a nursing home, for example, I'm told we just opened an adult day•care facility but we didn't add any custodians to clean the adult day•care facility.

MR. ZWIRN:

Okay.

LEG. ROMAINE:

I just throw that out, but you can get back to me on that.

I did want to spend some time on bioterrorism because I had mentioned that, and I think it goes to the heart of what we're talking about. Because I received numbers from Budget Review that said that your department, since 2003, has given back \$868,289 in grants that we received, that you actually had to give that back. At the last meeting I had that discussion with you, Dr. Graham, and subsequently I wrote every member of this committee and the Commissioner of Health; did we give that money back?

MR. MARCHESE:

You want me •• well, the fact •• the technical way is we didn't claim it; we never received it and then returned it. But we did have grants from the Federal government passed through the State to our agency that we weren't effectively able to claim a hundred percent of it. We were able to claim over 75% of the monies. Like a lot of programs both in the Health Department and Social Services, often grants will go where you can't claim a hundred percent of the money due to a lot of factors, mostly being the grantor and their rules and regulations not meeting our criteria set in the County.

LEG. ROMAINE:

Didn't it have to do with the fact that purchase orders weren't processed in a timely fashion?

MR. MARCHESE:

Well, no. In general, in general, over the years, in the initial year when we got the grant there was no •• the approval process from the State on what we wanted to spend the money on and what they allowed us to spend the money on took a long time. It was the first time through with the State, so a lot of the money in year one that was lost in this program was due to, again, the grantor not even understanding the program parameters of which we could spend our money on. So as the time went by, because this is a grant that runs on the Federal calendar year, some of the money was not expended because of those misunderstandings between us and the State and the Federal government.

LEG. ROMAINE:

Let me ask you this; we began to receive this money in 2002, is that correct?

MR. MARCHESE:

Correct.

LEG. ROMAINE:

So you would have hoped that by 2005 we would have been a little sharper on what we could spend and not spend. But in 2005 it's my understanding we gave back more than half a million dollars; is that correct?

MR. MARCHESE:

Yeah, that's correct.

LEG. ROMAINE:

We gave back \$504,179 in 2005?

MR. MARCHESE:

Yeah. The reasoning behind some of the money that's not being able to be claimed is due to the fact •• there's two folds; there's equipment other than personnel services costs and there's personnel costs. Personnel costs,

because of a County Law, when we have a grant, when we hire staff we cannot offer them full•time employment after the grant goes away. When this grant was initially recognized, we did not know that it was going to continue, so now when you take a Public Health Sanitarian, an RN or somebody like that and you want to try to offer them a job and not being able to guarantee that they're going to have a job next year, it's very hard to recruit.

That being said, the initial part of this grant allowed us to buy equipment and supplies which we •• if you could see it, in year two, after we got the initial understanding with the State and Federal government under control, we spent almost 97% of the grant because we were able to purchase supplies. The second year now, now we shift our focus to try to staff it, unfortunately once we tried to staff it and we tried to recruit the staff we were not able to do that. So late in the year, the grant year, we changed our focus to try to shift into purchasing other than personnel services, which is supplies and stuff like that. Unfortunately, because it was late in the year, and again, we had delays in getting grantor approval, we were not able to complete the claiming process, that's the whole story.

LEG. ROMAINE:

Well, then let me ask you this story. If that's the case, aren't people in the Health Department being transferred into the Bioterrorism Unit that aren't doing a major portion of their work of bioterrorism but continuing to work in their same old jobs but just being paid out of Bioterrorism? And I refer you to the Director of EMS as a start who's a Physician III.

MR. MARCHESE:

It's my understanding that she's spending dual time doing both functions at this point, because we're having a hard time recruiting.

LEG. ROMAINE:

Where is the majority of her salary being paid from, if not all of her salary being paid for?

MR. MARCHESE:

I would have to check.

LEG. ROMAINÉ:

I believe it's being paid from Bioterrorism and yet she's spending some of her time not doing bioterrorism work, as is most of the people that are assigned to the Bioterrorism Unit, from my understanding.

CHIEF DEPUTY COMMISSIONER GRAHAM:

It has to be made clear, I believe, that anyone involved in our Public Health Preparedness Grants, including bio terrorist preparations, there are multiple functions that cross over from one responsibility to another, and included in that would be Emergency Medical services as a division in the Health Department as well as within the Division of Public Health and our Public Health Preparedness effort. So physicians and nurses are involved in outbreak disease control, emergency medical services planning, mass vaccination, clinics, etcetera; these are all critical components of any public health preparedness effort. So there's no question that these positions and these individuals have been approved by New York State and are playing multiple rolls, very responsible rolls within the Department of Health.

LEG. ROMAINÉ:

Doctor, I heard what you said. The Chairman has asked me to cut this short so I will, but I have a whole list of questions which I will forward to you and expect a written answer about bioterrorism.

The last thing I would like to ask you, though, is how many SCIN forms have been signed in the Bioterrorism Unit in the 4024 Account?

CHAIRMAN MYSTAL:

Thank you, Legislator ••

LEG. ROMAINÉ:

No, we're waiting for an answer.

CHAIRMAN MYSTAL:

You have another question?

LEG. ROMAINE:

No, no, we're waiting for the answer.

CHAIRMAN MYSTAL:

Oh, he's waiting for an answer.

MR. MARCHESE:

We currently have four vacancies in that area.

LEG. ROMAINE:

And we're giving back money. Okay, thank you. Because •• I'll just tie this in with nursing very quick; this is a County that has applied for grants and has given back over \$800,000 of grant money that could have been spent in many useful ways that we're giving back, and it makes me wonder why •• makes me wonder how much we've spent on furniture and computers, how many people are being transferred like Public Health Nurses and the Bioterrorism Unit. I will be pursuing this to a much greater degree because I think there's something array with this program, both fiscally and morally, and I will be pursuing this.

Applause

CHAIRMAN MYSTAL:

Thank you, Legislator Romaine. I've got Stern and then Kennedy.

LEG. STERN:

Thank you, Mr. Chairman. Doc, how are you? Good to see you. I'm having trouble reconciling some of the terminology that's been thrown around here this afternoon. You know, we're talking about temporary staffing within the Department of Health Services, but then we're talking about numbers like 20% and we're talking about numbers like 1.1 million and then we're using terms like constant staff infusions; that doesn't sound temporary to me, that sounds like an institutional problem that we've been dealing with for quite some time and are going to be dealing with in the foreseeable future. I hear terms like ••

CHIEF DEPUTY COMMISSIONER GRAHAM:

I think I'm as confused as my distinguished member and the Senior Advisory Board on many of these terms.

LEG. STERN:

Yes. That it's not a question of providing services but we have to be •• we have to be getting and keeping the best trained, recruiting the best trained personnel, the most committed nurses to provide those services in the first place. I don't see it as an issue of denying services per se but being able to provide those services in the first place. And certainly not denying care or level of care due to geographical services, but ultimately as a practical matter that's the case, particularly on the east end when it's difficult to provide the kind of care needed to such a population out east and transportation issues of course play a role. But I don't see it as an issue of institutionally denying care but as a more practical matter being able to provide the level of service that we as a government, as an institution, should be providing. And of course the problem is only going to be exacerbated in the future as the graying of America and certainly on Long Island and in Suffolk County.

The Foley Nursing Facility, Legislator Romaine asked about vacancies and personnel. My question to you would be do you have any idea of what the availability of empty beds, that kind of vacancy is at the facility right now?

MR. MARCHESE:

We usually run about five or six vacancies, but they're always rotating.

MR. ZWIRN:

How many beds are there?

MR. MARCHESE:

There's 264 beds.

CHIEF DEPUTY COMMISSIONER GRAHAM:

A very high occupancy rate.

MR. MARCHESE:

It's about a 98% occupancy. You can't have 100% because it takes time to fill a bed and turn it over, but the occupancy of late has been pretty much the capacity.

LEG. STERN:

That's as of late. Over the past year, how would you characterize the vacancy?

MR. MARCHESE:

We had a downturn earlier in the year that was •• we experienced somewhat more of a vacancy where we would have maybe 15 or 20 beds vacant, but that has all been corrected and it's been full for the last six months.

MR. ZWIRN:

The County Executive has taken on a much aggressive stance in trying to get the Health Department to make sure that we advertise the John J. Foley •• a lot of people don't even know where it is or have never been there, and it's apparently quite a state•of•the•art facility and now that people are finding out about it there are more and more people applying to be sent there.

LEG. STERN:

So I guess my question is if the number of beds at the facility are relatively full, you're relatively full house there, I guess I don't understand the need for temporary staffing when the staffing remains relatively constant and you know that to be the case.

Applause

MR. ZWIRN:

Well, in part it's just getting •• is hiring the people; I mean, the SCINS are signed, it's getting people to go in there. Now, you may say it's the salary,

it's out in Yaphank so people perhaps in Huntington, you know, may not want to make the trip all the way out there. I mean, there are lots of reasons why it could be •• we're having trouble filling it. But I think the County would prefer to have it with, you know, County employees than not, but in the interim, as I said earlier, we have to make sure that there's a nurse there or an LPN there all the time to provide care for the people that are in the hospital.

LEG. STERN:

And I guess I'd love to spend more time on some of the specifics on how you guys plan to market the facility, public relations effort to continue to bring in residents. And we know that that's just going to be a growing issue in the future, but knowing that going forward, knowing that we're going to be at a relatively full house now and into the future, knowing that there's going to be a significant need for not just staff and temporary staff but full•time, committed, passionate caregivers, that I would hope that as a part of that effort in continuing the marketing effort of the Foley facility, that at the same time we would do our very best to ensure that the facility would have a full•time and committed staff, nurses and aides going forward.

CHIEF DEPUTY COMMISSIONER GRAHAM:

We concur fully with your comments.

MR. MARCHESE:

We have a full•time recruiter that works for us.

MR. ZWIRN:

As Mr. Marchese said, they have a full•time recruiter looking for people at the hospital. And the people who are there are licensed, they're Suffolk County residents and they're registered nurses and they're LPN's, they're just not members of AME and we would like to get them to be union employees, you know, as quickly as we can.

CHAIRMAN MYSTAL:

Thank you. Before I give it to the last speaker, Legislator Kennedy who is in deep thought right now, I just want to let you guys know, Dr. Graham, Mr. Zwirn and Mr. Marchese, one of the problems that we are

facing is that as you guys talk and we are encountering the circular logic that is being applied, you know •• and I know you guys are sincere, it's just that to us lay people, and I am one of those, it sounds like, you know, we ask you a question and you answer it this way, you know, and then I ask you the next question and you answer it that way; it's like I'm going round and round and round and round and round and round and I don't ever get my hands •• it's like a piece of fog; every time I try to grab something it escapes me and I don't know where I'm going.

The one thing I would like for you to give us the assurance, because this is what's floating out there and when you tell me you're spending 1.1 million on outside services, the one thing I would like for you to give me as an assurance •• and you know my favorite saying, I'm not a rocket scientist or you talk to me in terms that I can understand •• it seems that there is a move to continue outsourcing the job. Okay? I'm not saying you're doing that, now listen to me, I'm not saying you're doing that. From my position, I'm looking at it and I'm going 1.1 million, two point •• I mean, it seems like there was a move to outsourcing this whole thing by saying we cannot find the people that we want to attract because we don't have the money or the money is too low or the money is too high, I don't even make head of it; money too low, too high. What I want you to dispel and what I want the administration to dispel once and for all is that there isn't a move under part of the administration or anybody else within the administration to do away with our nurses.

MR. ZWIRN:

I can answer that.

CHAIRMAN MYSTAL:

Public Health Nurses, one, the facility, the John J. Foley Nursing Facility, not to privatize it, not to put it out there for sale or privatization.

Applause

Can you •• all I'm asking you, can you dispel that? For the people out there in the general public, can you dispel •• can you give me a category again, yes or no; not distortion, yes or no?

MR. ZWIRN:

Well, with respect to the Public Health Nurses, I have had conversations with the County Executive directly and there's no •• he is not •• he is committed to keeping it as Public Health Nurses with Suffolk County.

CHAIRMAN MYSTAL:

So we can put that to rest.

MR. ZWIRN:

You can put that to rest. Let me answer ask a question that you raised earlier on and you didn't really get an answer to. You said is it less expensive to outsource than it is to use County employees. Now, I don't know the answer to that as I sit here today, but the question would be on the table for the Legislature, if it were shown that the County could save the taxpayers of Suffolk millions of dollars if it was out sourced, would that be something that the County Legislature would entertain?

CHAIRMAN MYSTAL:

We'll look at it. We'll look at it. But the point is that, you know, from what •
• from the information that we've been getting around this horseshoe, you won't.

MR. ZWIRN:

I'm not saying that it is, I'm just asking the question because you asked it earlier.

CHAIRMAN MYSTAL:

We will look at it, we will definitely look at it. If you're telling me on the one hand you cannot hire nurses because they cost too much and they don't want to come to the County, and on the other hand you're saying if we hire them it's less money; see, that messes up my little mind.

Applause

MR. ZWIRN:

Well, you're not paying the fringe benefits.

CHAIRMAN MYSTAL:

Yeah, but, you see, if you're telling me we can't get because it costs too much money to hire them. On the other hand ••

LEG. EDDINGTON:

They're not available.

CHAIRMAN MYSTAL:

•• they are there, if we can hire them on a temporary basis it costs less money; see, that makes no sense to me. You know, if you can't get them because it costs too much, then you can't hire them on a temporary basis that costs less.

UNKNOWN AUDIENCE MEMBER:

Right.

CHAIRMAN MYSTAL:

You know, it doesn't jive. It's like saying, you know, I have a Cadillac but I'd rather have a Renault; it doesn't make sense.

MR. ZWIRN:

Well ••

CHAIRMAN MYSTAL:

Anyway, I'm going to stop. Mr. Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair.

CHAIRMAN MYSTAL:

He's in deep thought, so you're in for a long ride.

LEG. KENNEDY:

I have been ••

MR. ZWIRN:

He's thinking about sound walls, I could tell.

LEG. KENNEDY:

•• struggling •• no, that one seems to •• we have a bipartisan agreement on that one now, ben, anyhow. You know, I have talked about the issues that I've had before with nursing and the focus, I guess, that the administration seems to bring to bear. So in deference to the Chair, let me see if I can ask a couple of absolutes and see if we can get some answers. Are Public Health Nursing positions reimbursed?

MR. MARCHESE:

The short answer is yes.

LEG. KENNEDY:

Okay.

MR. MARCHESE:

There's a lot of layers of the way they get reimbursed, but the bottom line is they do get reimbursement.

LEG. KENNEDY:

So it's not a hundred percent County money.

MR. MARCHESE:

No.

LEG. KENNEDY:

Okay. So when we look to go ahead and try and deal with that function, which everybody seems to agree here at this point that we are of a mind to do, to deal with the Certified Home Health Agency aspects, to deal with the community education aspects, to deal with the Long•Term Home Health Care aspects which I think we'll all agree is more cost efficient to keep an individual in their home than to put them in a facility; what's an average facility go for these days in Suffolk County, how much a month?

MR. MARCHESE:

About 10,000.

LEG. KENNEDY:

About \$10,000, right. So if we can have a County nurse service even two people, and I doubt that they're only seeing two people, but even if it was only two people, you would be saving ten grand a month. You're two to good each time you go ahead and have one of them service even just two people in a community, and I'll bet you there's more they see each day, so I don't buy that it's only two.

I think that you lay out ••

MR. MARCHESE:

Could I just ask ••

LEG. KENNEDY:

•• a cogent or what appears to be a cogent argument that the numbers justify dismantling and I think what you've done is you've taken the numbers to portray them to fit your mission. The cases they serve are the most hard•pressed cases that no CHHA is going to service.

Applause

They're not going to deal with the AIDS cases, they're not going to deal with the paraplegics and the quadriplegics. So each time you come to us with these numbers, put some faces on them, let us know who it is that you're saying that the administration appears to want to go ahead and take a walk on or somehow privatize. I bet you no private agency is going to touch them.

MR. ZWIRN:

Well, they do in other counties. I'm not saying that's where we're going, but they do, Nassau County has no Public Health Nurses.

LEG. KENNEDY:

Nassau County has a Public Health hospital, though, as a matter of fact, and that's where they wind up getting certified. And your graphs just go show

that each one of these facilities has CHHA's.

MR. ZWIRN:

It's a not•for•profit and the not•for•profit hospitals in Suffolk County also take in charity cases, they have to.

LEG. KENNEDY:

We all know about _Hilberton_ and we all know about •• we just read in the newspaper, as a matter of fact, for those who have no insurance, how to get whacked 2.7% or 2.7 times the charge of care otherwise.

I think the issue with the Public Health Nurses is asked and answered. I think no matter how you look at it, from a quality of care level, from a fiscal level, from any particular level, the fact that they're there and that they deliver care is absolute. So I think that when ••

MR. ZWIRN:

I agree; there's no argument there, we agree.

LEG. KENNEDY:

You're barking up the wrong tree.

Applause

MR. ZWIRN:

Well, we agree, there's no dispute.

LEG. KENNEDY:

The nursing shortage issue, you say I guess you do have recruiters. I don't have the answer to nursing shortages, everybody knows, I guess, you as you said. I mean, there are contract nurses that come from all over country, from foreign visas and things like that. I'll offer you one thing that I know of 30 years ago; the State of New York used to go ahead and put therapy aides through nursing school in order to go ahead and move them from being paraprofessional staff on the wards and get them to the point where they could go ahead and provide the level of care necessary as far as nursing goes. I know that you've joined with Brookhaven, I guess, and

Good Sam to go ahead and do some sponsoring of tuition and training with staff from those facilities, I think you've got to go to the next level. I think what you have to look at is that type of a program to help groom and train personnel right from within the County, be they, you know, nurses aides or whomever, folks that are willing to go ahead and enter the program.

MR. ZWIRN:

We have programs like that with Suffolk Community College but they come out •• Public Health Nurses have a four year degree ••

LEG. KENNEDY:

Yes.

MR. ZWIRN:

•• and the RN's ••

LEG. KENNEDY:

PN and RN, right, Suffolk Community College, I know, it's a 60 credit associates, as a matter of fact, I know it well. And that would fill some of what your staffing requirements are on the floors, correct?

MR. MARCHESE:

We currently have that such program running.

LEG. KENNEDY:

And we have people that are involved in it?

MR. MARCHESE:

This Legislature has appropriated money via the college budget for us to pay for that.

LEG. KENNEDY:

So they're getting their tuition basically in exchange for a commitment to go ahead and ••

MR. MARCHESE:

For a commitment to work at our department.

LEG. KENNEDY:

And serve in the County.

MR. MARCHESE:

Correct.

CHAIRMAN MYSTAL:

Jack.

LEG. KENNEDY:

Yeah, I'll make it real quick. The other issue is, and I'm going to ask you, I guess it's three gentlemen and if there's somebody here from the County Attorney's Office, I'm going to ask them as well, through the Chair. I have asked the Chair that I have the opportunity to go ahead and speak with you for about 20 minutes in executive session; it deals with nurses, it deals with medical care, it deals with another aspect of care but it needs to be done in executive session.

MR. MARCHESE:

That's fine.

CHAIRMAN MYSTAL:

Yes, we will. What we're going to do, for the Clerk, we are going to go, after I listen to the speakers, we are going to go into executive session, but we will reconvene in another room so we can clear this room for EPA and it will be just for adjournment.

MR. ZWIRN:

You have one more bill.

CHAIRMAN MYSTAL:

Yeah, we'll just clear for EPA, it will be quick.

All right, we have some cards. We have been here a long time, we have a

committee that was supposed to start at 2:30, we are 20 minutes into their time. The Deputy Presiding Officer is breathing down my neck, so I'm going to ask the people as I call you to speak, if you must speak, please, by all means, come to the podium and say what you have to say. If you don't have to, please, please, please, don't. The first person on the card, Mary Finnin; I know you will.

MS. FINNIN:

I have to speak.

CHAIRMAN MYSTAL:

You got your three minutes. When you hear the bell you know you have to stop; go ahead.

MS. FINNIN:

Good afternoon. Thank you very much for the opportunity to speak. My name is Mary J. Finnin, I'm a registered nurse with 50 years experience. I have a Bachelor of Science Degree in Nursing and a Master of Science Degree with a Major in Nursing Education.

For the past 16 years I have been employed as a Public Health Nurse I for the Suffolk County Department of Health Services as the HIV/AIDS Primary Care Coordinator, and I am a Co•Chair for the Suffolk County Executive Nurse Advisory Committee. I have given a copy of our report to your staff and it has also been distributed in the past to all Legislators.

I'm here today to speak for all nurses who are employed by the Department of Health in Suffolk County. They work in our health centers, our jails, our drug treatment centers, the skilled facilities, Community Immunization Program, Bureau of Public Health Nursing and Bioterrorism Units. They provide care to the public from womb to tomb. And over the past decade, the County has systematically contracted out the positions for Registered Nurses to the County hospitals. The County pays 15 to \$20,000 more in salary to the contract nurses than they pay to the County employed nurses who are doing the same job in the same facility. The contract nurses are represented by various unions, NYSNA, AFT and PEF. They get vacation benefits, actually twice as much as what the County nurses get, they get

health plans and retirement programs. While they may say they save on these benefit costs by contracting out, those costs are included in the dollars that are given to the contract agency and covered those benefits, so they work side by side and they're making 20,000 more than our own nurses.

In August of 2004 the County Exec formed a Nursing Advisory Committee and we spent a year researching issues on nursing shortage and access to care in Suffolk County. In August of 2005 we presented our report and recommendations to the County Exec. One of the recommendations we made to the County was the need to develop a career ladder for nursing with compensation that recognized both their experience and their education. It was •• this was necessary so that County facilities could retain its very qualified nurses and be in a position to recruit new nurses. Many of our nurses are over 50, here I am, and hope to retire in the near future. The County facilities are great clinical resources for our nursing programs, but you need to have the numbers of qualified staff on board to mentor and supervise those students.

CHAIRMAN MYSTAL:

Please wrap up.

MS. FINNIN:

Shortly after our report •• pardon?

CHAIRMAN MYSTAL:

Please wrap up.

MS. FINNIN:

Okay, I will. Shortly after our report, Commissioner Brian Harper submitted a plan for a career ladder to the County Exec. The NAC report supported the plan, as it provided a level playing field for the current employees and it made possible the County to be •• compete in recruitment. The County Exec's Office sent a plan to salary appeals; this is a cumbersome Civil Service process that takes years and will not fix the current problem.

The County is in a critical situation with the staffing on certain programs. To use contract agency staff for our nursing home, jails, health centers or home

care is not good public policy, it costs more and does not provide the continuity of care the patients need. The disparity in pay for County employed nurses has been allowed to expand over the past decade. What is needed today from the Legislature and the County Exec is an emergency resolution to fix the inequity. I suggest a Certificate of Need resolution be adopted by the Legislature. Don't let Suffolk be like Nassau. We have a model system for public health services in this County, our tax dollars should be used to protect the public and the health of the public as a priority. Thank you for the opportunity to speak and I'd be glad to answer any questions.

Applause

CHAIRMAN MYSTAL:

Thank you very much. Next speaker is Peggy Humanick.

MS. HUMANICK:

Good afternoon. My name is Peggy Humanick and I am a Public Health Nurse. I've been employed by the County for almost 23 years, but I am here today as President of the Suffolk County Nurses Association which is the professional organization for nurses employed by Suffolk County.

After reading the Newsday Editorial, March 22nd, some of the Public Health Nurses wanted me to clarify some misstatements that were made. Yes, it is true that in the earlier part of 2005 the nurses were making fewer home visits than in the past, but this can be attributed to the implementation of the new computer system that Dr. Graham did mention. We went from paper to laptops, it was quite a giant step, and all the nurses had to be trained in the system. Since July '05, with the training completed, the home visits have gone upsteadily and are now at normal levels of 4.5 to five patients a day; this is in a seven hour day.

Public Health Nurses spend two-thirds of their time on patient care, which is approximately five hours a day, the remainder of the day is used for mandated charting and travel between patients. Public Health Nurse have not made any visits, no visits for Medicaid Part D instruction. This was a statement that was made at the last Health Committee meeting, that we

made hundreds of visits to assist people with Medicaid Part D; that is completely untrue. No RN made a visit for Medicaid Part D. We do have a Medical Social Worker who made eight visits for medical •• to assist patients with Medicare Part D and these were patients we already had on our roster who she would be seeing anyway.

Yes, there are 13 licensed agencies and nine Certified Home Health Agencies privately operated in Suffolk County; however, they do not do all that we do. For example, we go to court, visit court mandated CPS visits, we make visits on court mandated substance abuse cases, we visit in unsafe areas. Now, a private agency will probably tell you all that they'll go into any area, but after 23 years working in this job I know that that is not true. We are the only agency right now that is doing pediatric home care. We also will visit any difficult, noncompliant patient that another agency will not take. With Federal and State reimbursement, our certified agency showed a profit last Year \$260,000. Public Health Nursing does provide some preventive services and these services do cost the County approximately \$1.5 million a year; however, they save the Suffolk County taxpayer millions by preventing ER visits and hospitalizations. Nassau County, with a similar population to that of Suffolk, dismantled their Public Health Nursing programs many years ago and last year spent approximately 50 million more than Suffolk County on Medicaid hospitalizations.

And lastly, there was one thing that concerned a lot of the nurses in the editorial in Newsday. They •• it related to management inefficiencies; well, given our limited staff and the amount of work that the staff produces, well managed would be more accurate description of public health nursing. Thank you for your time.

Applause

CHAIRMAN MYSTAL:

Thank you very much. For the future speakers, I have been a little bit lenient and letting people go over the three minute. You know I'm running against time right now, so please try to limit, when I give you the signal to

wrap up, please wrap up otherwise you get the hook.

Ms. Diane Schmidt.

MS. SCHMIDT:

Good afternoon. My name is Diane Schmidt, I am a Registered Nurse in the Department of Public Health Nursing and also Vice•President of SCAN, Suffolk County Association for Nurses.

I've spoken to you before, I just want to take you through one of my days. I am working ••

CHAIRMAN MYSTAL:

A short day.

MS. SMITH:

•• with the computer, okay, and I see roughly •• I go to roughly four homes a day, I see between five and six patients a day, mostly •• or most of my homes consist of newborn mother/babies. My visits range between 45 minutes to an hour per visit, except for new patients, mother babies, they go about an hour, an hour and a half, that's about five and a half hours a day. Then I have to make sure my paper work is completed, my documentation, my doctor's orders, make my referrals and travel from one patient home to the next; this is a full day and I just do want you to understand that.

I see an assortment of different kinds of patients. Presently I have a 14 year old who was the victim of a rape who decided to have her baby, we receive •• she was late to care prenatally, I received a referral from Child Protective Service the day before she delivered her full•term baby. And I went and saw her when she came home from the hospital with the baby, she is in the care of her sister, her older sister. She did not want me to visit, I've made three visits so far, she's keeping this baby, and at the beginning of every one of my visits she's reluctant, she doesn't want me through that door; at the end of my visit she's relieved, she's relaxed, she's informed of how to care for herself and her baby.

I do know that there is a salary difference. I have been here 25 years, the

last time the nurses have gotten an upgrading was 19 years ago. I know that outside agencies and hospitals, starting salaries are \$60,000 a year. I know that Stony Brook night nurses are \$69,000 a year, our starting salary is roughly 40. I'm here 25 plus years, I don't make as much as a starting RN in Stony Brook at night.

Applause

I ask that you consider what Legislator Romaine said. I ask that you consider three to four grades for the nursing, you know, positions in Suffolk County with possibly a one grade higher or a field •• you know, higher grade for the field, the Public Health Nurses out in the field. Thank you very much.

Applause

CHAIRMAN MYSTAL:

Thank you. Ms. Anne Kellet.

MS. KELLET:

I'm Anne Kellet, I'm a member of the Public Health Nurses Advisory Committee and also of Mr. Levy's Nurse Advisory Committee. I'm not going to take three minutes, Chair, I'm just going to hand out these pieces for you, two pieces. One kind of replicates what Peggy Humanick told you, but I want to tell you the purpose behind all this.

The Professional Advisory Committee felt compelled to respond to many of the things that have been shown in the paper recently, and I •• we took to the committee those questions and tried to clarify all of the issues that we've seen in the paper which we felt were inaccurate, and I give you the response to those questions in written form; and as I said, they duplicate a lot of what Peg has said.

You see that there was never an answer to the Director of Public Health Nursing as to management issues. There has never been a directive that hasn't been implemented, and that's in here. When you look down at the bottom of the page you'll see the cost of the different programs which has been iterated here before. I will not reiterate it but I will tell you that there

will be no uprising among taxpayers when you also look at the cost benefits, the financial cost benefits and the human benefits to the Public Health Nurses services.

On the second page you see a clarification of the Medicaid D accusation which is totally inaccurate. Mr. Levy's statement was that nurses are spending too little time in the field. You heard testimony just prior to me that that is not so and much of the time that is spent in indirect patient care is regulatory requirement.

The next thing is that nurses are making fewer patient visits. If you turn to page three, you'll see that we aren't •• they aren't making fewer patient visits, that the projected number of visits per day for 2006 is 850 visits, that's 4.5 per day. And the rest of it I think is self•explanatory. If you would pay attention to it a little bit, you'll see again that there have been misconceptions and misinformation in the paper which I personally don't understand even the need for.

The second piece that I gave you is a list of visits and patients seen and visits attended to in every one of your Legislative Districts. And I thank you for your time.

Applause

CHAIRMAN MYSTAL:

Right on time. Thank you. The next speaker is Johann McConnell.

MS. McCONNELL:

My name is Johann McConnell and I'm President of the South Yaphank Civic Association. I'm not here to speak about the nurses, but I do support them in their desire for equal pay for the work that they do.

I do live very close to the Foley Nursing Home and I'm familiar with the facility, but I've come to speak to you about two health concerns that the residents of Yaphank have; one is the Trap and Skeet and one is the Long Island Compost.

South Shore Press, on January 4, 2006, quoted Bob Sapphire, Principal

Public Health Sanitarian in the Office of Public •• of Pollution Control at the County Department of Health stated, "The biggest concern for the County Health Department is that the operates near an active park and lead can be inhaled and transferred to hands through normal activities. There is no safe level of lead for children. There are some safe levels of lead for adults, but there's absolutely no safe level of lead for children. It is located next to the Long Island Steamers which is requested by families and children.

Two monitoring wells for the Trap and Skeet were last tested for lead levels on 12/24/01; at that time both wells showed 20 parts per billion. The New York State Ambion Water Quality Standard for Groundwater is 25 parts per billion. The wells have not been tested since and the range has been closed for five years; this was a report of the Trap and Skeet Oversight Committee, March, 2002. I have sent a letter to Legislator Kate Browning requesting that the wells be tested to see if the levels have increased, decreased or stayed the same. The wells were tested by the Suffolk County Health Department, not by an outside consulting firm as was reported yesterday at the Parks Committee.

My second concern is the Long Island Compost. The residents of Yaphank Avenue have tried for three years to have the Health Department test the air quality in the area of the Long Island Compost. There are numerous complaints of dust and particular matter coming off the piles. These concerns have gotten so bad that State officials have been contacted for help and have toured the area; we have had Mark Alesi and we have had •• yeah, Mark Alesi and we've also had Tim Bishop's aide come and tour the area. We have contacted the Suffolk County Health Department on numerous occasions and they are not listening to our complaints, these are our two health concerns for Yaphank. Thank you..

CHAIRMAN MYSTAL:

Thank you very much. The next is Dr. Carmine Vasile.

MR. VASILE:

My name is Carmine Vasile, I'm here as a concerned scientist. I'm here to ask you to take jurisdiction over the Caithness Power Plant because of safety issues that were omitted from the EIS. The EIS that LIPA certified is a

fraud. They make statements in here that are totally untrue and the pollutants that are going to be uplifted from the town dump are going to affect everybody within a much wider radius than the one mile that they look at under the ASTM.

I appeared before the Brookhaven Town Board on March 9th and I raised these concerns and I gave them a handout, I gave them maps from the target, toxic targeting website which I'd like to leave with you. These are known toxins and they have •• they're excluded from the EIS, they use 1998 charts to hide these. So this is a tremendous public health safety. And I know you guys don't have jurisdiction because it's a town issue, so I'm asking you to bring in the District Attorney to investigate who prepared that EIS and why it's a fraud.

And the reason it's important, I lived in Greenlawn, I have five children, I would have had five children; three miscarriages, one cancer, and my daughter's got problems. And I found out from these toxic targeting websites that they were all conceived two blocks away from these toxic dumps which we didn't know about until Newsday paid for this mapping. Now, I called Walter Hang, the President of Toxic Targeting, and he said Newsday paid for this, but apparently they don't have the list of all the toxins that are in these places. So I'm asking the town or the County to get the analysis from each one of these sites.

And I don't know if you've seen this article, Making Brownfields Green Again; they say in here there's over 6,000 Brownfield sites plus the Superfund sites. Now, they're putting a power plant within a few thousand feet of vents from this Powell's dump, the Brookhaven Town Dump. Now, what this thing is going to do, it's 233 megawatts of waste heat and I have this cartoon showing a hairdryer blowing up, and everybody is worried about what comes out of the power plant, nobody is looking at what goes in, and what goes in we don't know because they eliminated it from the EIS. And they made a statement in the EIS, they said there are no effects from the cooling tower plume, but they won't say what effects will eliminate it and that's what makes it a fraud.

So if you would please take jurisdiction over this and I'll meet with

whomever, you know, is in charge of that.

CHAIRMAN MYSTAL:

Thank you very much. We will take that into consideration.

Speaker •• next speaker is Charles Lucchetti. He's not here. The last speaker is Don Shubert or Scubert?

LEG. STERN:

Seubert.

CHAIRMAN MYSTAL:

Seubert. Hey, Don. I'm always mispronouncing your name.

MR. SEUBERT:

My name is Don Seubert, I live in Medford and I'm a member of the Medford Taxpayers and Citizens Against or To Kill the Cat, to kill Caithness.

What I'm asking you to do is similar to what Carmine just said, we need a meteorology study of our area. Today is a beautiful day, it's glorious out, but if you go out there and look at that Exit 65 where they want to place the power plant, okay, and take a look at 66, now we have a haze, its inversion. The Ronkonkoma rain is to the north, the south shore winds do not come that far up, we end up in a perpetual inversion of pollution. We like to see a cumulative impact study of all the landfill that's around it, people just mentioned about the compost facilities, Peconic Avenue is only like 9,000 feet away. And many of you people know, there are things that we put up within Medford along there with miles of junkyards, could see debris, one of the heaviest truck driver growths in the state, okay. So we asked for a meteorological study, we asked them to do a wind study of the stack, they didn't even do that. This was a year ago, this whole thing was a complete boondoggle. They had a visioning •• a scoping session a year ago, around now, in the Incorporated Village of Bellport, that's five miles away from the plant.

So the whole area is filled with toxins that have been giving out and there was an ashfill site that was going to be centered. So we'd ask you to do an

air quality study that would include a full meteorology study, that's like a 12 to 18 month study so we can see what's really going on, not a one•day deal. We have fugitive sand coming off the •• like bittle and all the sand mining operations that are there. There are ones there down lower than the ones in Middle Island that are down to the groundwater. So we'd like to see, before the health •• your human concerns for our people in Suffolk County, and especially the people in the Medford/Yaphank area are really critical. We've put up with enough, we feel we've really been dumped on literally. And I think at least an air quality study should be conducted by Suffolk County in that area and we had about four sites in mind that it could be very useful to us to see, you know, what our impacts are going to be.

Also, I know you're having a water resource, you're doing a study, I guess you're •• supposedly I thought it was initiated last spring, but I understand one of the first meetings is going to be next week of the water resources. The property is agreed adjacent to the deep recharge, Zone 3, okay, and it's •• we believe that when they wanted to site the ash site, the ash site, one of the reasons they did not site it in the same location was because it really was in the deep recharge. So we have other •• other affidavits to say that it very likely is in the deep recharge. And certainly the deep recharge, where our best quality drinking water comes from, should not be a site for a power plant with three•quarters of a million gallons of fuel oil, although 20,000 gallons of ammonia plus other chemicals. And that •• thus the understanding of the thermals, the toxins from the 6,000 toxic spots in the area ••

CHAIRMAN MYSTAL:

Please wrap up.

MR. SEUBERT:

Okay. Basically, the study has been done in a vacuum and we would like you to consider the ethics of this whole deal, the environment, the equality that is community justice to our area that has so many impacts. Thank you very much. If you would take that to do a study, we'd appreciate it. Thank you.

CHAIRMAN MYSTAL:

Thank you very much. We have one piece of business to do.

Tabled resolution

1226•06 • A Local Law creating the East End Health Care Task Force (Romaine). Motion to table.

LEG. ROMAINE:

I'd prefer to get it out of committee; we've amended it and it's ready to be voted on.

CHAIRMAN MYSTAL:

It's not going to get out of committee. Motion to table.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second. All in favor? It's not going to get out; come on, Ed, you know that.

LEG. ROMAINE:

I don't know that.

CHAIRMAN MYSTAL:

Okay. Well, motion to table.

LEG. ROMAINE:

I consider your bills on the merit.

CHAIRMAN MYSTAL:

I know, we have considered that one on the merit, too. Motion to table. All in favor? Opposed?

LEG. ROMAINE:

Opposed.

CHAIRMAN MYSTAL:

You oppose? Motion to,

MS. ORTIZ:

Who's the motion?

CHAIRMAN MYSTAL:

I made the motion and Stern made the seconding motion. Opposed, Kennedy and Romaine. ***Tabled (VOTE: 3•2•0•0 Opposed: Legislators Kennedy & Romaine).***

Bye. Okay, we are done here. We are going to go into executive session, but we're going to reconvene in another room so we can open it. Motion to go into executive session.

LEG. STERN:

And then adjourn, second.

CHAIRMAN MYSTAL:

Second.

(*The meeting was moved into Executive Session at 3:15 P.M.*)

***Legislator Elie Mystal, Chairman
Health & Human Services***

_ _ • Denotes Spelled Phonetically